

## Forms for 2003 ICAT Full Proposal

A proposal includes elements in addition to these forms.  
Consult the "Introduction and Instructions".

August 2002

## Form 1

### Statement of Intent and Abstract

(Please e-mail to [icat@arb.ca.gov](mailto:icat@arb.ca.gov) and include in printed proposal)

1. Project title: \_\_\_\_\_
2. Company name: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Street address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_ FAX : \_\_\_\_\_  
e-mail: \_\_\_\_\_
5. Project site: \_\_\_\_\_  
(company & city) \_\_\_\_\_
6. Duration of proposed project (months): \_\_\_\_\_
7. Time to commercialize (months after project completion): \_\_\_\_\_
8. Proposed project funding: (These numbers must agree with Form 4.)  
Applicant \$ \_\_\_\_\_  
Partners \$ \_\_\_\_\_  
ICAT \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**9. Project partners (cash or in-kind contributors):**

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_
- 4: \_\_\_\_\_

**10. Project Abstract** (< 500 words; *not* to be evaluated by reviewers.)

*Proposed Air Monitoring Technology:*

*Proposed Project:*

*Commercialization/Business Plan:*

I certify to the best of my knowledge and belief that I have read and understand the terms and conditions contained in this grant application, with attachments and appendices, and that the information contained in this application is correct and complete. In addition, I hereby authorize the California Air Resources Board to make any inquiries and obtain any financial information necessary to evaluate my organization's capability to supply the necessary financial support to the proposed project.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

## Form 2

## FINANCIAL INFORMATION

(required in application)

GENERAL COMPANY INFORMATION			
Applicant or Partner:			
Address:			
Project contact:		Tel:	Calif. ownership (%):
Year incorporated:		applies to:	( ) whole company ( ) operating division
Years under current management:		( ) “	( ) “
Legal status of business:		( ) Sole Proprietorship ( ) Non Profit ( ) Sub-Chapter S Corporation ( ) Government Agency	( ) General Partnership ( ) Limited Partnership ( ) Corporation ( ) University
Company's fiscal year (start & end):			

GENERAL FINANCIAL INFORMATION	Company Year End		
	Last year (2001)	Current year (2002)	Next year (2003)*
U.S. sales			
California sales			
Foreign sales			
Annual sales			
Consulting			
Profit, net (loss) after tax			
Number of employees			

\* Basis for projection:

ANNUAL RESEARCH & DEVELOPMENT EXPENDITURES	<u>Operating Budget</u>		
	Last year (2001)	Current year (2002)	Next Year (2003)
Company sources			
Government contract R&D			
Other government programs			
Total R&D budget			

OTHER GOV'T ASSISTANCE	<u>Dollars</u>		
	Last year (2001)	Current Year (2002)	Next year (2003)
Investment tax credit - R&D			

Is the applicant a party to any claim or lawsuit? ( ) Yes ( ) No

If "yes", please explain:

Has the applicant declared bankruptcy in the past 10 years? ( ) Yes ( ) No

Chapter? \_\_\_\_ Date of filing \_\_\_\_

I certify to the best of my knowledge and ability that the information given in this application and supporting documents is complete, true and correct. I will provide all information required by the ARB to complete the assessment of this project.

\_\_\_\_\_  
Signature of authorized official

\_\_\_\_\_  
Name and title of authorized official

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Form 3

**Budget Tables** (with Instructions)

**Budget Submittal Document**

Title of Application:

Total Budget:

Total ICAT Funds Requested:

Applicant:

Address:

Name of person authorized to bind this budget:

Title:

Phone:

Signature of person authorized to bind this budget: \_\_\_\_\_

## SUMMARY OF COSTS & FUNDING

(For each line, the funding columns must sum to the cost.)

Cost Item	Cost	Funding		
		By ICAT	By applicant	By others**
<b>Direct Costs</b>				
Labor Charges				
Employee Fringe Benefits				
Subcontractors & Consultants	^			
Equipment		xxx		
Travel & Subsistence				
Materials & Supplies				
Other Direct Costs				
Total Direct				
<b>Indirect Costs</b>				
Overhead				
Other Indirect Costs				
Total Indirect				
<b>Total</b>			*	

\* must be *at least 10% of total project cost*.

\*\* All other project support, including the value of in-kind services by partners.

^ All charges by any entity that will be compensated for services, for materials used in providing those services, or for equipment that will be owned by the subcontractor. (Reimbursement to the subcontractor for equipment bought for the applicant's ownership should appear on the next line of the table.)



### Budget by Task

Cost Item	Task 1	Task 2	Task 3	Task 4	Task 5	Task 6	Project
Labor Charges							
Employee Fringe Benefits							
Subcontractors & Consultants							
Equipment							
Travel & Subsistence							
Materials & Supplies							
Other Direct Costs							
Overhead							
Other Indirect Costs							
TOTAL							

## Budget Detail

### ***Direct Costs***

#### **1. Value of Labor** (by applicant and in-kind partners)

Person	Company	Title	Hours	ICAT Funds	Total Cost
A.					
B.					
C.					
D.					
E.					
F.					
G.					

	ICAT	Total
<b>Labor, Total \$:</b>		

*Below, explain the role of each listed person. Only labor by persons listed here, or their replacements, will be chargeable to ICAT.*

## 2. Fringe Benefits

Person	Base (\$)	Rate (%)	ICAT Funds	Total Cost
A.				
B.				
C.				
D.				
E.				
F.				
G.				

ICAT

Total

**Fringe, Total \$:**

*Fringe benefits should not exceed 35% of labor unless federally approved rates are cited.*

## 3. Subcontractors & Consultants

(Each subcontractor whose services exceed 25% of the entire budget or \$50,000 must complete a separate set of budget forms (except page 3-1).)

Company	Service provided	Equipment*	ICAT Funds	Total Cost
A.				
B.				
C.				

ICAT

Total

**S & C Total \$:**

\* Only equipment to be owned by the subcontractor should be included here. Equipment to be owned by the applicant should be shown in the next table. *Buying equipment with ICAT funds is usually unfavorable.* See the instructions.

#### 4. Equipment

Item	ICAT Funds	Total Cost
A.		
B.		
C.		
D.		

ICAT      Total

<b>Equipment Total \$:</b>
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*Explain the use of the equipment to be purchased in this project. Buying equipment with ICAT funds is usually unfavorable. See the instructions.*

- 5. Travel and Subsistence** For ICAT-paid costs, use State rates (on last page), as applicable. ICAT cannot pay for foreign travel.

	ICAT Funds	Total Cost
A. Air transportation		
B. Ground transportation		
C. Per diem or subsistence		
D.		

ICAT      Total

<b>Travel Total \$:</b>
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*Give the destination, purpose, and duration of each trip. Cite sources of fares.*

**6. Materials & Supplies** (itemize major categories)

Item	ICAT Funds	Total Cost
A.		
B.		
C.		
D.		

ICAT

Total

**M & S Total \$:**

*Explain the use of each item and how the cost was determined.*

**7. Other Direct** (Itemize)

Item	ICAT Funds	Total Cost
A.		
B.		
C.		

ICAT

Total

**Other, Total \$:**

*Include only direct cost elements that cannot be included in categories 1 to 6. Explain the costs.*

**8. Overhead & Administration**

Item	$\frac{\text{Base (labor)}}{\text{ICAT total}}$	Rate (%)	ICAT Funds	Total Cost
A.				
B.				
C.				

ICAT                  Total

<b>O'head/Admin., Total \$:</b>
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*Explain the basis for the rates. Unless federally approved rates are cited, overhead plus administration should not exceed 115% of direct labor for either ICAT Funds or Total.*

**9 Other Indirect Costs (itemize)**

Item	Base	Rate	ICAT Cost	Total Cost
A.				
B.				
C.				

ICAT                  Total

<b>Other Indirect Total \$:</b>
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*This category should be used only for unusual circumstances and with a compelling explanation of necessity.*

## INSTRUCTIONS FOR FORM 3: BUDGET

All elements of Form 3 must be completed by the ICAT applicant for the overall project. In addition, there must be a separate complete set of budget forms (less the Budget Submittal) for any subcontractor or consultant whose services exceed 25 percent of the total cost or \$50,000.

The Budget Submittal (top element of Form 3) must be signed by the person who is authorized to bind the applicant to this budget.

### Direct Costs

1. **Labor.** Labor is the compensation of employees for the time and effort devoted specifically to the execution of the project. The cost of labor includes individual or position rates per unit of time. Labor charges must be broken down by employee assigned to the project. Compensation rates must be within a reasonable range for work performed and credentials of the employees.

Budget augmentations to existing grants, including cost of living adjustments, will not be allowed for any reason. Therefore, if the project will extend beyond one fiscal year, salaries to be paid with ICAT funds after the current year should include planned raises.

2. **Employee Fringe Benefits.** Fringe benefits include allowances and benefits provided by the applicant to its employees as compensation in addition to regular wages and salaries. Fringe benefits should not exceed 35 percent of labor costs. If the project will extend beyond the first fiscal year, any planned increases in fringe benefits should be included for the portion of the project covered by the subsequent fiscal years.
3. **Subcontractor(s)/Consultant(s).** Subcontractors are entities that will be paid for services. (A subcontractor can also be an in-kind funding partner by performing other services without compensation.) Equipment purchased by and to be owned by a sub-contractor can be included in the *total* cost for this category, but only if there is a separate subcontractor's budget and that budget does not include ICAT funding for the equipment. (All equipment to owned by the applicant or its partner should appear as "equipment" in the applicant's budget.)
4. **Equipment.** Equipment is all tangible personal property that:
  - has a normal useful life of at least four years; and
  - has a unit acquisition cost of at least \$500, excluding land and structures; and
  - is to be used to conduct work under this project

The cost of equipment includes the purchase price plus all costs to acquire, install, and prepare equipment for its intended use. In the Equipment table, under Direct Costs, list each item of equipment and its cost.

**If ICAT funds (or co-funds) the purchase of equipment, State law requires that the ARB receive title to it. Also, all ICAT-funded purchases exceeding \$25,000 must be made through the State's procurement process. For these reasons, we do not allow the**

***use of ICAT funds to buy equipment unless the ultimate owner will be a public agency in California and ARB has been consulted.***

5. ***Travel and Subsistence.*** Travel costs include expenses incurred by employees for transportation, lodging, subsistence, and related items while traveling on official business necessary for the project. Travel expenses and per diem rates for the applicant and any subcontractors, if paid by ICAT, must not exceed any applicable rate specified by the California Department of Personnel Administration unless complying rates are not available to the applicant. Please refer to the Travel Expenses Reimbursement Chart following the budget forms. ICAT will not fund foreign travel.
6. ***Materials and Supplies.*** This consists of the cost of materials and supplies necessary to carry out the project. Items include direct purchases or withdrawals from stockrooms. Purchases made specifically for the project should be charged at their actual prices after deducting discounts. Withdrawals from stockrooms should be charged at cost under any recognized method of pricing consistently applied. Incoming transportation charges are a proper part of material costs.
7. ***Other Costs.*** This category includes any costs that cannot be placed in categories 1 to 6.

### **Indirect Costs**

8. ***Overhead and Administrative Costs.*** These are expenses incurred in the applicant's normal course of doing business during the project, such as accounting services, utilities, technical supervision, administration, etc. These costs should be computed as rates on direct salaries. The sum of these costs should not exceed 115% of direct labor for either ICAT-funded or other work, unless federally approved higher rates are cited and shown to be applicable to the project.
9. ***Other Indirect Costs.*** These include any indirect costs not covered by item 8. *This category is seldom needed; its use must be carefully justified.* These costs should be computed as rates on direct salaries.



## **Travel Expense Reimbursement Limits**

### **LODGING**

Counties of Alameda, San Francisco, San Mateo, and Santa Clara and in central and western Los Angeles	\$110 /day + tax
Other areas and outside California	\$84.00 /day + tax

### **MEALS**

Breakfast	\$ 6.00 /day
Lunch	\$10.00 /day
Dinner	\$18.00 /day

INCIDENTALS (personal needs): \$ 6.00 /day

MILEAGE (private vehicle): \$0.31 /mile

### **PARKING**

w/o receipt	\$10.00
with receipt	Actual Cost

Form 4

**PROJECT CONTRIBUTIONS & LEVEL OF EFFORT**

(required in application)

Contributions (\$)

Contributor	<u>Name</u>	Task 1	Task 2	Task 3	Task 4	Project (sum)	Status #
Applicant	(n/a)						
<u>Cash Partners</u>							
1							
2							
<u>In-Kind Partners</u> ^							
1							
2							
<u>Gov't Agencies</u>							
1							
2							
ICAT	XXX						
Totals	XXX						

# State the status of funding; e.g., applied-for or approved

^ donating valuable services such as labor, equipment, and facilities; can also be a cash partner

Level of Effort

	Task 1	Task 2	Task 3	Task 4	Total
Applicant's person-months of effort					
Subcontractors' & in-kind partners' person-months					
<u>Major equipment purchases</u> *, \$ (itemize)					
1.					
2.					
3.					
4.					

\* ICAT cannot pay for equipment, except equipment to be owned by government agencies.

## Form 5

### **Partners' In-Kind Contributions**

(supplement to Form 3; do not include in application)

<u>Partner</u>	<u>Description of Contribution</u>	<u>Value Claimed</u>	<u>Basis of Claim</u>
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## Form 6

### Confidentiality Provision

The following statement must be signed and returned to the Air Resources Board with your application **if the application includes confidential information that you want to be protected as trade secret.**

\* \* \* \* \*

The applicant agrees that, in order for the Air Resources Board (ARB) to accomplish an evaluation of the applicant's budget proposal, it may be necessary for the ARB to disclose to non-ARB personnel information considered by the applicant to be confidential. This information will only be disclosed to a review panel composed of ARB and non-ARB members. Non-ARB review panel members will sign a non-disclosure statement regarding confidential information.

The restriction on disclosing this information shall not apply to any information identified by the applicant as confidential that (a) is already known to the public or the ARB at the time of disclosure, or (b) is or becomes publicly known through no wrongful or negligent act on the part of the review panel members or the ARB.

The applicant further agrees that s/he has read the following confidentiality provision and agrees to its terms and conditions.

"It is understood that in the course of carrying out this agreement, the ARB may provide Confidential Information to non-ARB reviewers. Each review panel member agrees to use his/her best effort to hold Confidential Information in confidence and shall return it to the ARB upon the completion of the agreement.

This obligation shall apply only to Confidential Information that is designated or identified as such in writing by the ARB prior to the disclosure thereof. All Confidential Information shall be sent only to the review panel members. Moreover, this obligation shall not apply to any Confidential Information which: (a) is or becomes publicly known through no wrongful or negligent act on the part of the review panel; (b) is already known to the review panel member at the time of disclosure; (c) is independently developed by the review panel member without breach of this agreement; or (d) is generally disclosed to third parties by the ARB without similar restrictions on such third parties."

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Applicant's signature

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Date